

310-BB TRANSPORTATION

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I. PURPOSE

This Policy applies to Acute Care, ALTCS/EPD, CRS, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Services (FFS) Programs as delineated within this Policy including: Tribal ALTCS, TRBHAs, the American Indian Health Program (AIHP); and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy establishes requirements for coverage of transportation.

II. DEFINITIONS

AIR AMBULANCE A helicopter or fixed wing aircraft licensed under Arizona Department of Health Services (ADHS) as mandated by A.R.S. §36-2201 to be used in the event of an emergency to transport members or to obtain services.

AMBULANCE A motor vehicle licensed by ADHS pursuant to A.R.S. §36-2201 especially designed or constructed, equipped and intended to be used, maintained and operated for the transportation of persons requiring ambulance services.

**AMBULATORY
TRANSPORTATION** A vehicle other than a taxi but includes vans, cars, minibus or mountain area transport. The AHCCCS member shall be able to transfer with or without assistance into the vehicle and not require specialized transportation modes.

**EMERGENCY
TRANSPORTATION** Ground and air ambulance services that are medically necessary to manage an emergency physical or behavioral health condition and which provide transport to the nearest appropriate facility capable of treating the individual's condition.

Emergency transportation is needed when due to a sudden onset of a physical or behavioral health condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could be expected to result in:

- a. Placing the member's health in serious jeopardy,
- b. Serious impairment of bodily functions, or
- c. Serious dysfunction of any bodily organ or part, or
- d. Serious physical harm to self or another person

STRETCHER VAN

A vehicle that is specifically designed for the purpose of transportation of a member on a medically approved stretcher device. The stretcher shall be secured to avoid injury to the member or other passengers. Safety features of stretcher vans shall be maintained as necessary. Any additional items being transported shall also be secured for safety. The AHCCCS member shall need to be transported by stretcher and shall be physically unable to sit or stand and any other means of transportation is medically contraindicated.

TAXI

A vehicle that has been issued and displays a special taxi license plate pursuant to A.R.S. § 28-9506.

WHEELCHAIR VAN

A vehicle that is specifically equipped for the transportation of a member seated in a wheelchair. Wheelchair vans shall include doors wide enough to accommodate loading and unloading of a wheelchair, electronic lifts for loading and unloading wheelchairs, and restraints for securing wheelchairs during transit. Safety features of wheelchair vans shall be maintained as necessary. Any additional items being transported shall also be secured for safety. The member shall require transportation by wheelchair and shall be physically unable to use other modes of ambulatory transportation.

III. POLICY

AHCCCS covers transportation within certain limitations for all members based on member age and eligibility, as specified in A.A.C. R9-22-211. Covered transportation services include:

1. Emergency transportation,
2. Medically necessary non-emergency transportation, and
3. Medically necessary maternal and newborn transportation through the Maternal Transport Program and the Newborn Intensive Care Program.

B. EMERGENCY TRANSPORTATION

1. Emergency Transportation is covered in emergent situations in which specially staffed and equipped Ambulance transportation is required to safely manage the member's medical condition. Basic Life Support, Advanced Life Support, and Air Ambulance services are covered, depending upon the member's medical needs.

Emergency Transportation may be initiated by an emergency response system call "9-1-1", fire, police or other locally established system for medical emergency calls. Initiation of a designated emergency response system call by an AHCCCS member automatically dispatches emergency Ambulance and Emergency Medical Technician (EMT) or Paramedic team services from the Fire Department. At the time of the call,

- emergency teams are required to respond, however, when they arrive on the scene, the services required at that time (based on field evaluation by the emergency team) may be determined to be:
- a. Emergent,
 - b. Non-emergent, but medically necessary, or
 - c. Not medically necessary.
2. Emergency Transportation coverage also includes the transportation of a member to a higher level of care for immediate medically necessary treatment, including when occurring after stabilization at an emergency facility.
 3. Emergency Transportation is covered to the nearest appropriate facility capable of meeting the individual's physical or behavioral health needs.
 4. The Contractor may establish preferred hospital arrangements, which shall be communicated with emergency services providers. If the provider transports the member to the Contractor preferred hospital, the provider's claim shall be honored even though that hospital may not be the nearest appropriate facility. However, the provider shall not be penalized for taking the member to the nearest appropriate facility whether or not it is the Contractor preferred facility.
 5. The nearest appropriate facility for a member enrolled with a Fee-For-Service (FFS) Program is the nearest hospital medically equipped to provide definitive medical care.
 6. Acute conditions requiring Emergency Transportation to obtain immediate treatment include, but are not limited to the following:
 - a. Untreated fracture or suspected fracture of spine or long bones,
 - b. Severe head injury or coma,
 - c. Serious abdominal or chest injury,
 - d. Severe hemorrhage,
 - e. Serious complications of pregnancy,
 - f. Shock, heart attack or suspected heart attack, stroke or unconsciousness,
 - g. Uncontrolled seizures, and
 - h. Condition warranting use of restraints to safely transport to medical care.

For utilization review, the test for appropriateness of the request for emergency services is whether a prudent layperson, if in a similar situation, would have requested such services. Determination of whether a transport is an emergency is based on the member's medical condition at the time of transport.

7. Air Ambulance services are covered under the following conditions:
 - a. The Air Ambulance transport is initiated at the request of:
 - i. An emergency response unit,
 - ii. A law enforcement official,
 - iii. A clinic or hospital medical staff member, or
 - iv. A physician or practitioner,

- b. The point of pickup
 - i. Is inaccessible by ground Ambulance,
 - ii. Is a great distance from the nearest hospital or other provider with appropriate facilities to treat the member's condition and ground Ambulance will not suffice, or
- c. The medical condition of the member requires immediate intervention from emergency Ambulance personnel or providers with the appropriate facilities to treat the member's condition.

Air Ambulance vehicles shall meet ADHS licensing requirements and requirements set forth by the Federal Aviation Administration. Air Ambulance companies shall be licensed by the ADHS and be registered as a provider with AHCCCS.

C. EMERGENCY TRANSPORTATION PROVIDER REQUIREMENTS FOR EMERGENCY TRANSPORTATION SERVICES PROVIDED TO MEMBERS RESIDING ON TRIBAL LANDS

In addition to other requirements specified in this Policy, Emergency Transportation providers rendering services on an Native American Reservation shall meet the following requirements:

- 1. Tribal Emergency Transportation providers shall be certified by the Tribe and Center for Medicare and Medicaid Services (CMS) as a qualified provider and shall be registered as an AHCCCS provider.
- 2. If a non-tribal Emergency Transportation provider renders services under a contract with a Tribe, either on-reservation or to and from an off-reservation location, the provider shall be State licensed and certified and shall be registered as an AHCCCS provider, or
- 3. Non-tribal Emergency Transportation providers not under contract with a Tribe shall meet requirements specified in this Policy for Emergency Transport providers.

Emergency Transportation services are covered to manage an emergency physical or behavioral health condition to the nearest appropriate facility capable of meeting the individual's health care needs as outlined in this Policy

D. MEDICALLY NECESSARY NON-EMERGENCY TRANSPORTATION FOR PHYSICAL AND BEHAVIORAL HEALTH SERVICES

Non-emergency medically necessary transportation is covered consistent with A.A.C. R9-22-211 when furnished by non-emergency transportation providers to transport the member to and from a covered physical or behavioral health service. Such transportation services may also be provided by Emergency Transportation providers after an assessment by the Emergency Transportation team or Paramedic team determines that the member's condition requires medically necessary transportation.

- 1. Medically Necessary Non-Emergency Transportation Services are covered under the

following conditions:

- a. The physical or behavioral health service for which the transportation is needed is a covered AHCCCS service,
- b. If the member is not able to provide, secure or pay for their own transportation, and free transportation is not available, and
- c. The transportation is provided to and from the nearest appropriate AHCCCS registered provider.

If a member is not able to provide, secure or pay for their own transportation, and free transportation is not available, non-emergency transportation services are also covered under the following circumstances :

- i. To transport a member to obtain Medicare Part D covered prescriptions, and
- ii. To transport a member to participate in local community based support programs as identified in the member's service plan. Transportation coverage to these programs is limited to transporting the member to the nearest program capable of meeting the member's needs as identified on the member's service plan. Covered local community-based support programs are limited to those specified in Attachment A of this Policy. The Contractor may submit names of other programs it would like added to Attachment A via e-mail to the AHCCCS Operations Compliance Officer for consideration for future Policy revisions.

2. Medically Necessary Non-Emergency Transportation Furnished by Non-Ambulance Providers

Non-Ambulance transportation providers shall comply with all of the following:

- a. The member shall not require medical care in route,
- b. Passenger occupancy shall not exceed the manufacturer's specified seating occupancy,
- c. Members, companions, and other passengers shall follow state laws regarding passenger restraints for adults and children,
- d. Vehicle shall be driven by a licensed driver, following applicable State laws,
- e. Vehicles shall be insured. Refer to the AHCCCS Minimum Subcontract Provisions Insurance Requirements on the AHCCCS website,
- f. Vehicles shall be in good working order,
- g. Members shall be transported inside the vehicle, and
- h. School Based providers shall follow the school based policies in effect (See AMPM Chapter 700).

3. Medically Necessary Non-Emergency Transportation Furnished by Ambulance Providers

Medically necessary non-emergency transportation furnished by Ambulance providers is appropriate if:

- a. Documentation that other methods of transportation are contraindicated, and
- b. The member's medical condition, regardless of bed confinement, requires the medical treatment provided by the qualified staff in an Ambulance.

- c. For hospital patients only:
 - i. Round-trip air or ground transportation services may be covered if an inpatient hospitalized member shall travel to another facility to obtain necessary specialized diagnostic and/or therapeutic services (such as a CT scan or cobalt therapy). Such transportation may be covered if services are not available in the hospital in which the member is inpatient, and
- d. Transportation services to the nearest medical facility that can render appropriate services are also covered, when the transport was initiated through an emergency response system call and, upon examination by emergency medical personnel, the member's condition is determined to be non-emergent but one which requires medically necessary transportation.

The AHCCCS Administration and the Contractor may elect to waive prior authorization requirements for medically necessary non-emergency Ambulance transportation as well as any notification requirements. However, such claims are subject to review for medical necessity. Medical necessity criteria are based upon the medical condition of the member at the time of the transport.

E. MATERNAL AND NEWBORN TRANSPORTATION

The Maternal Transport Program (MTP) and the Newborn Intensive Care Program (NICP) administered by ADHS provides special training and education to designated staff responsible for the care of maternity and newborn emergencies during transport to a perinatal center. The high risk transport team is dispatched after consultation with the MTP or NICP perinatologist or neonatologist. Only contracted MTP or NICP providers may provide air transport.

IV. OTHER GENERAL INFORMATION

Refer to AMPM Chapter 1200 for additional information regarding Arizona Long Term Care System (ALTCS) authorization requirements.

Refer to AMPM Chapter 800 for complete information regarding prior authorization for non-ALTCS FFS members.

Refer to the AHCCCS Fee-For-Service Provider Manual or the AHCCCS IHS/Tribal Provider Billing Manual for billing information. These manuals are available on the AHCCCS Website at www.azahcccs.gov.

Refer to ACOM Policy 205 for information regarding reimbursement of non-contracted ground Ambulance providers.